



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•CTD980670608

INSTALLATION ADDRESS

FLEXCON COMPANY INC
1 WALL ST
SPENCER

MA 01562

COMMERCE DRIVE
NORTH BRANFORD

CT 06471

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

CTD 980670608

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NO.

APPROVED

DATE RECEIVED (yr., mo., & day)

F CTD

98-067-0608

83 07 08

I. NAME OF INSTALLATION

FLEXcon COMPANY INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

31 Wall Street

CITY OR TOWN

ST.

ZIP CODE

4 Spender

MA 01562

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 Commerce Drive

CITY OR TOWN

ST.

ZIP CODE

6 North Branford

CT 06471

New Haven

009

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 Bean Benjamin S Process Eng.

617-885-3973

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 McDonough Myles

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify)

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY															
6															7/A C
W															1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 3 23 - 26	2 F 0 0 5 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 0 0 2 23 - 26	32 U 1 1 2 23 - 26	33 U 2 2 0 23 - 26	34 U 1 5 9 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
---------------	---------------	---------------	---------------	---------------	---------------

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(1000)

☐ 2. CORROSIVE
(1100)

☐ 3. REACTIVE
(0010)

☐ 4. TOXIC
(0001)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Benjamin S. Bean

NAME & OFFICIAL TITLE (type or print)

Benjamin S. Bean
Process Engineer

DATE SIGNED

6/21/83

REQUEST FOR CHANGE

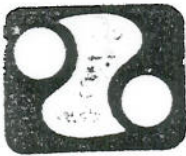
Note: If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CT D980670608 Company Name: FLEXCON CO INC

Date of Request: 10/5/99 Town: NORTH BRANFORD

SECTION/ITEM TO BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS
I. Name of Installation			
II. Location of Installation			
III. Mailing Address of Installation	1 WALL ST SPENCER, MA 01562	FLEXCON INDUSTRIAL PARK SPENCER, MA 01562	PER BRS SURVEY
IV.a. Installation Contact's Name			
b. Installation Contact's Title			
c. Installation Contact's Phone			
V.a. Ownership			
b. Property Owner			
VI. Status Originally notified as: (please circle) CESQG (<100 kg/month) SQG (100 - 1000 kg/month) LQG (>1000 kg/mth) Transporter T/S/D Facility		Change Status to:	



L-XCON
COMPANY, INC.

FLEXCON INDUSTRIAL PARK • SPENCER, MA 01562

No. 175335

931
113

CHECK NO. 175335

DATE
01/11/91

PAY EXACTLY *****50 DOLLARS 00 CENTS

AMOUNT
*****50.00

TO THE
ORDER
OF:

DEPT. OF ENVIRON. PROTECT
165 CAPITOL AVE
HARTFORD CT 06106

SHAWMUT WORCESTER COUNTY BANK, N.A.
MASSACHUSETTS

Mark R. Wenger
AUTHORIZED SIGNATURE

⑈000175335⑈ ⑆011300016⑆ 30 586118 0⑈

Storage, Treatment and Land Treatment Facility
Annual fee for generators
Submittal of closure/Post Closure Plans

\$
\$ 50.00
\$

For Treatment, Storage & Disposal Facilities and Generators:

Company Name G CTD980670608

Location Address: FLEXCON CO INC
COMMERCE DR
NORTH BRANFORD

CT 06471

SEAN BENJAMIN PROC ENGR

EPA ID Number: NEW SHULTZ, CHARLES ENVIRONMENTAL COORDINATOR

Payer Name _____

Address _____

Phone () _____

RECEIVED

JAN 17 1991

DEP- Waste Management Bureau
Waste Engineering & Enforcement
Permits

FOR DEP USE ONLY! Date Payment Received _____ Received by IR

- BANK CHECKS OR MONEY ORDERS ONLY!
- Made Payable to: Dept. of Environmental Protection
- Attach bank check or money order and return this completed form to:

DEPARTMENT OF ENVIRONMENTAL PROTECTION
WASTE MANAGEMENT BUREAU-WEED-PERMITS
165 CAPITOL AVENUE, HARTFORD, CT 06106



FLEXCON
COMPANY, INC.

June 27, 1983

Ms. Cindy Gilder
United States Environmental
Protection Agency - Region I
J. F. Kennedy Federal Building
Boston, Massachusetts 02203

Re: New I.D. Number

Dear Ms. Gilder:

Our company has just purchased the property of Arex Graphics at Commerce Drive, North Branford, Connecticut 06471 who operated using an EPA I.D. Number CTD041443177.

It is our intention to operate this plant producing similar products to the former owner. We are, therefore, requesting an EPA I.D. Number associated with FLEXcon COMPANY.

Very truly yours,

FLEXcon COMPANY, INC.

Benjamin S. Bean

Benjamin S. Bean
Process Engineer

BSB:cp

CC: Ms. Elizabeth Flores
State of Connecticut
Department of Environmental Protection